



Envirosafe Services Only									
Application #		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
WPQ		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Mailing Address:
P.O. Box 417
Boise, Idaho 83701-0417
(208) 384-1500

ENVIROSAFE SERVICES OF IDAHO, INC.

U.S. EPA ID. Number IDD073114654

Facility Address
10½ Miles NW Grandview
Missile Base Road
Grandview, Idaho 83624

PCB

POLYCHLORINATED BYPHENYLS

GENERATOR'S WASTE PRODUCT QUESTIONNAIRE

INSTRUCTIONS FOR COMPLETION

1. Detailed instructions for completion of the Generator's Waste Product Questionnaire may be found on the reverse side of this cover page.
2. The Waste Product Questionnaire must be typewritten or legibly printed in black ink and fully completed for a waste stream to be considered for disposal.
3. Use a separate Waste Product Questionnaire for each category in Section B (1 through 12).
4. Make a photocopy of the questionnaire for your records, and return the completed intact form to the address listed above.
5. This form is for Polychlorinated Byphenyls (PCB) with concentrations greater than 49 parts per million. If the concentration of your waste stream is less than 50 parts per million you must use the RCRA Waste Product Questionnaire. If the waste stream is above 50 ppm and contaminated with a RCRA regulated waste, then a RCRA Waste Product Questionnaire must be completed and sent with the corresponding PCB Waste Product Questionnaire.
6. A PCB control sheet must be sent with the manifest on each shipment of PCB waste to ESII.
7. **PCB WASTE PRODUCT QUESTIONNAIRES MUST BE UPDATED ON AN ANNUAL BASIS.**

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INSTRUCTIONS FOR ESI, INC. PCB WASTE PRODUCT QUESTIONNAIRE

A. GENERATOR INFORMATION

GENERATOR NAME: Name of company generating waste.

FACILITY ADDRESS: Address of facility generating waste.

TECHNICAL CONTACT: Name, title and phone number of person who should be contacted to answer questions on the waste.

BILLING ADDRESS/BROKERAGE COMPANY: Name, title and phone number of person who should be contacted to answer questions regarding billing, purchase orders, contract, etc. Include name and phone number of brokerage company.

GENERATOR U.S. EPA ID: 12 digit U.S. EPA Generator Identification Number. This is not required for PCB's, however, if one has been assigned, please use it.

B. WASTE STREAM — USE SEPARATE QUESTIONNAIRE FOR EACH CATEGORY IN SECTIONS 1-12

NOTE: ANY LIQUIDS BELOW 500 PPM MUST HAVE A LAB ANALYSIS OF MATERIAL PRIOR TO ANY TREATMENT.

Use separate WPQ for each category (1. thru 12.) in Section B. Check the box to the left of the category you wish to ship. **ONLY ONE BOX PER WPQ CAN BE CHECKED.**

1. & 2. Transformers: If you will be sending transformers which contain oils above and below 500 ppm, then 2 separate WPQ's must be completed. Each box must be completed within the category for those materials you intend to ship over the one year life of the WPQ. For example, if full and drained transformers below 500 ppm will be sent to ESII, then both boxes in Section B. 1. must be checked.

3. thru 6. Liquids Above and Below 500 ppm: Check the category which applies to materials you will be sending. If the flushate material has a flash point below 200F, you should submit a laboratory test on that material. All liquid below 500 ppm should have a laboratory analysis sent in with the WPQ and also with the shipping papers as required.

7. & 8. Capacitors: Large capacitors must be sent either for incineration or chemical breakdown, whereas small capacitors can be landfilled. It is imperative that large & small capacitors be separated. If you prefer that all capacitors be incinerated, please

indicate so on the WPQ. Separate WPQ's must be completed for capacitors to be incinerated versus landfilled.

9. PCB Solids: PCB Solids are those materials which have no free flowing liquids in or around them upon receipt at the disposal facility. Please check as many boxes in this category as you will need for the different types of debris. Detail as to exact type shipped must be provided with each shipment on a PCB Control Sheet.

10. PCB Lab Pack: All PCB Lab Packs which contain bottles, sample jars, vials or similar containers will be sent for incineration. We need a complete listing of all materials which have been packed in the drum. We recommend that these containers be packed in an absorbent material to eliminate free flowing liquids.

NO RCRA MATERIAL IS TO BE PACKED WITH PCB MATERIALS UNLESS APPROVED BY ESII.

11. & 12. Articles: Each specific article which contains liquids either below or above 500 ppm must be listed. Please indicate if the unit is a sealed unit or if the unit has a drain plug to evacuate the liquids.

C. GENERAL INFORMATION

1. Indicate the process generating this waste, i.e., transformer decommission, maintenance work, spill, etc.
2. Provide your present or projected annual volume and the month of shipping.
3. Liquids: If the WPQ is not for liquids, mark no. Viscosity is the flow property, low being like water, high being like syrup. If the liquid is other than oil, give us the % of each constituent.
4. Answer yes or no, whichever is appropriate.
5. Materials which have any RCRA contamination, i.e., heavy metal, solvents, organics, etc., must be identified and a separate RCRA WPQ must be completed also.

6. Answer yes or no, whichever is appropriate.
7. Answer yes or no, or write "To be indicated on control sheet" if this is an ongoing waste stream.
8. Check the appropriate box if this waste stream is a solid material. If this WPQ is for PCB Solids (category 9.) this question must be answered.
9. 10. List either the absorbents or type of stabilization material used depending on your answer to question 8.
11. Answer yes or no whichever is appropriate.
12. Answer yes, no, or note applicable, whichever is appropriate.

SHIPPING AND HANDLING INFORMATION:

1. **D.O.T. HAZARDOUS MATERIAL:** Indicate if waste is a hazardous material as defined by the U.S. Department of Transportation. If yes, indicate: item 2. **Proper D.O.T. Shipping Name**, item 3. **D.O.T. Hazard Class** and item 4. **D.O.T. Identification Number**.
5. **D.O.T. RQ REQUIRED:** Check the appropriate box if there is a reportable quantity.

6. **D.O.T. SHIPPING CONTAINER:** Indicate type and specification of drum or tank vehicle to be used to containerize the waste in transit. Refer to CFR 49.
7. **PROJECTED VOLUME:** Indicate anticipated volume and frequency of shipments.

COMMENTS: Specify any additional known or suspected health hazards associated with the waste. List all additional information that will assist in the secure handling of the material.

GENERATOR CERTIFICATION STATEMENT

CERTIFICATION OF LIQUIDS TREATMENT: Check the appropriate item on whether the waste will be shipped in drums, bulk, or not applicable (if not applicable ship part B). If the waste will be shipped in bulk on part B check either 1. (the material was generated as a solid or the certification statements 1-4. **IF THE WASTE WAS GENERATED IN BULK THIS SECTION MUST BE COMPLETED.** The WPQ must be signed and dated by an employee of the generator's company who is knowledgeable and responsible for the waste product. **THIS QUESTIONNAIRE MAY BE USED FOR MULTIPLE SHIPMENTS — HOWEVER A PCB CONTROL SHEET MUST ACCOMPANY EACH LOAD RECEIVED AT OUR SITE.**

IMPORTANT NOTICE: Upon your completion of the Generators Waste Product Questionnaire, make a copy of the questionnaire for your records and return the intact form (all four copies) to: EnviroSAFE Service, Inc., P.O. Box 417, Boise, ID 83701.

Upon receipt at ESI, a Waste Product Questionnaire Identification Number will be assigned to the questionnaire and a copy returned to the generator. You will be notified by telephone and in writing as to the review status. Allow 5-10 days for notification.

For Assistance Please Call (208) 384-1500

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PCBGENERATOR'S WASTE PRODUCT QUESTIONNAIRE
(Polychlorinated Biphenyls)

U.S. EPA ID. Number IDD073114654

A. GENERATOR INFORMATION

1. Generator Seattle City Light
Address 1015 3rd Ave Rm. 922
City/State Seattle, WA ZIP 98104
Tech. Contact Shirli Axelrod TEL (206) 684-3568

U.S. EPA IDENTIFICATION NUMBER

WA0980726384

2. Billing/Broker G.L. Construction
Address 8040 S.E. 36th St.
City/State Mercer Island, WA ZIP 98040
Billing Contact Kamal Lekhak TEL (206) 232-3390

Envirosafe Services Only

Application # WPQ CUST # ☐ DIRECT ☐ ACES
☐ BILLING ☐
☐ BROKERSales Zone Code TAX ☐ YES ☐ NOMANIFEST
CERTIFICATION REQUIRED ☐**B. WASTE STREAM — USE SEPARATE QUESTIONNAIRE FOR EACH CATEGORY IN SECTIONS 1-12**

NOTE: ANY LIQUIDS BELOW 500 PPM MUST HAVE A LAB ANALYSIS OF MATERIAL PRIOR TO ANY TREATMENT.

<input type="checkbox"/> 1. Transformer Below 500 PPM <input type="checkbox"/> Full <input type="checkbox"/> Drained	<input type="checkbox"/> 2. Transformer Above 500 PPM <input type="checkbox"/> Full <input type="checkbox"/> Drained <input type="checkbox"/> Drained and Flushed
<input type="checkbox"/> 3. Liquid — Above 500 PPM - Flash Point Above 200°F. Type of Flushate _____	<input type="checkbox"/> 4. Liquid — Above 500 PPM - Flash Point Below 200°F. Type of Flushate _____
<input type="checkbox"/> 5. Liquid — Below 500 PPM - Flash Point Above 200°F Type of Flushate _____	<input type="checkbox"/> 6. Liquid — Below 500 PPM - Flash Point Below 200°F. Type of Flushate _____
<input type="checkbox"/> 7. Capacitor — Large (over 3 lbs. of Liquid or 100 cu. in.) All large capacitors are incinerated. Are They Leaking <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 8. Capacitors — Small (Less than 3 lbs. of Liquid or 100 cu. in.) Incineration <input type="checkbox"/> Landfill <input type="checkbox"/> Are They Leaking <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> 9. PCB Solids <input type="checkbox"/> Dirt - Soil - & Debris <input type="checkbox"/> Clothing, Rags, Etc. <input type="checkbox"/> Empty PCB Container <input checked="" type="checkbox"/> Other <u>Flammable Bunker Oil</u>	<input type="checkbox"/> 10. PCB Lab Pack Type of Containers in the Drum _____
<input type="checkbox"/> 11. Articles — Liquids Below 500 PPM Specific Type and Explain _____ Sealed Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 12. Articles — Liquids Above 500 PPM Specific Type and Explain _____ Sealed Unit <input type="checkbox"/> Yes <input type="checkbox"/> No

C. GENERAL INFORMATION

1. Process generating this waste Bunker oil was contaminated with PCB from unknown source
2. Present volume 900 Gal Month of shipment (If generic write "ongoing") _____
3. Liquids No ☒ (Check no or complete the following): Viscosity: Low ☐ Medium ☐ High ☐
Materials other than PCB oil: H₂O _____% Solids _____% Other _____% (Specify)
4. Does this material contain radioactive, pyrophoric, shock sensitive, or explosive materials?
Yes ☐ No ☒
5. Have any of the materials come in contact with or do they contain any RCRA regulated materials?
Yes ☐ No ☒ Note: If yes, please explain on a separate sheet and submit a RCRA WPQ also.
6. (A) Is this waste regulated under a Land Disposal Ban as promulgated in CFR 40 part 268?
Yes ☐ No ☒
(B) If A. was answered yes; is this waste currently allowed to be Land Disposed under a regulatory Variance or Exception?
Yes ☐ No ☐
7. Is this material the result of a spill? NO (Indicate spill material on PCB Control Sheet).
8. Has this waste been treated by:
☒ Solidification (solely using absorbents)
☐ Stabilization (irreversible chemical transformation or encapsulation)
☐ Not Applicable
9. If solidified, list all the absorbents used: Floor Dry
10. If stabilized, list all the stabilization additives used: _____
11. Does this waste pass the EPA specified Paint Filter Test?
Yes ☒ No ☐
12. If this waste has been stabilized, have you demonstrated that chemical stabilization will occur or that the stabilized waste will meet 50 PSI Unconfined Compressive Strength (ASTM D2166)? If yes, attach demonstration data.
Yes ☐ No ☐ Not Applicable ☒

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D. SHIPPING AND HANDLING INFORMATION:

1. D.O.T. Hazardous Material? Yes ☒ No ☐ 2 D.O.T. RQ Required: ☐ Yes ☒ No ☐ N/A
3. Proper D.O.T. Shipping Name: Hazardous Substance Solid N.O.S
4. D.O.T. Hazard Class: ORM-E 5. D.O.T. ID Number: NA7185
6. Additional D.O.T. Description: P.C.B.
7. Type of Container: Drum ☒ Bulk Truck ☐
Other (specify) _____
D.O.T. Container Specification: 17H
8. Projected Volume: _____ Tons _____ Gallons _____ Cubic Yards 20 Drum(s)
_____ Other (Explain) _____
per ☒ One Time _____ Week _____ Month _____ Quarter _____ Year
9. Comments/Special Handling: _____

E. GENERATOR CERTIFICATION**CERTIFICATION OF LIQUIDS TREATMENT (for all non-liquid bulk wastes).**

- A. This waste stream is being shipped as: ☒ Drummed Material ☐ Containerized Material ☐ Not Applicable
B. This waste stream is being shipped as: ☐ Bulk Material (Respond to the following statements)
☐ Not Applicable (Go to Signature Section)

The waste was:

- C1.
- ☐
- generated as a solid material containing no free liquids

— OR —

- C2.
- ☐
- generated as a bulk liquid or hazardous waste containing free liquids

AND

- ☐
- The Waste has been treated to eliminate free liquids in compliance with Section 3004 (c) of the Resource conservation and Recovery Act (RCRA) of 1976, as amended by the Hazardous and Solid Waste Amendments of 1984.

AND

- ☐
- The treatment process utilized did not employ the addition of absorbents to the waste (unless used in a stabilization process).

AND

- ☐
- The materials used in the treatment process do not biodegrade or release liquids when compressed.

PCB MATERIALS MUST BE SHIPPED IN ACCORDANCE WITH D.O.T. REGULATIONS AS SPECIFIED IN 49 CFR 100-177, AND PACKAGED IN ACCORDANCE WITH EPA REGULATIONS AS SPECIFIED IN 40 CFR PART 761. PLEASE SEE ATTACHED SHEET.

GENERATOR CERTIFICATION STATEMENT

I hereby certify that as an authorized representative of the generator named above, all information submitted in this and all the attached documents is true and accurate. To the best of my knowledge, all known and suspected hazardous components have been included in this document. All material and packaging will comply with all current regulations

Signature Shirli Axelrod Title Env. Analyst Date 3-1-89Name SHIRLI AXELROD
(Please Type or Print)**ESII USE ONLY**

Initial Review _____ Technical Review _____ Final Review _____

Date Approved _____ Date Denied _____ Compatability _____

Treatment/Disposal Routing _____

W.P.G. STATUS: ☐ APPROVED ☐ DENIED

Date _____

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